

22

# DHS WORKING PAPERS

**Informed Respondent Approach  
to Data Collection:  
An Experimental Study  
in Nepal**



**DEMOGRAPHIC  
AND HEALTH  
SURVEYS**

# DHS Working Papers

## Number 22

### Informed Respondent Approach to Data Collection: An Experimental Study in Nepal

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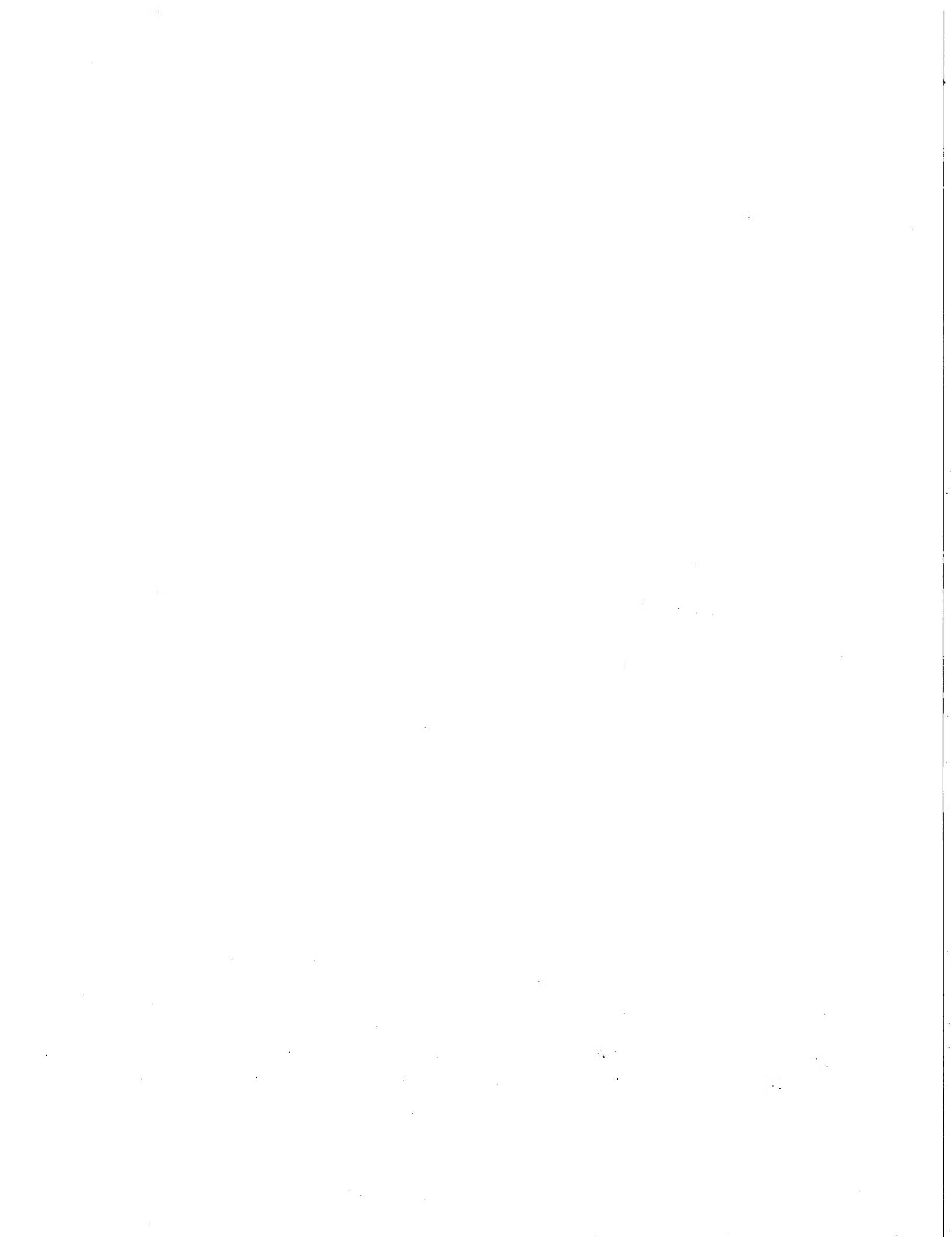
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February 1997

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The Demographic and Health Surveys (DHS) program is designed to collect data on fertility, family planning, and maternal and child health. DHS is funded by the United States Agency for International Development. DHS Working Papers are intended to disseminate early findings of in-depth analyses of DHS data. Comments about this working paper or requests for information about the DHS program should be sent to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 USA (Telephone 301-572-0200; Fax 301-572-0999).



## **Introduction**

This document presents the findings of the Informed Respondent Approach (IRA) to data collection implemented in an experimental way in Nepal. The participants were female interviewers from the 1996 Nepal Family Health Survey (NFHS), which is part of the worldwide Demographic and Health Surveys (DHS) program.

Interviewers are potentially an excellent source of qualitative information. In a typical DHS survey an interviewer completes, on average, interviews with 150 individual women from different socioeconomic statuses and from various parts of the country. She sits in each of their homes, observes their living conditions and records their responses to various questions. More importantly, interviewers are exposed to respondents' body language, tone, conviction or reluctance, or understanding, in answering questions, all of which go unrecorded in a standard survey with formatted questions and pre-coded responses. Furthermore, respondents often qualify their responses to simple yes/no or closed-ended questions with conversation which does not get recorded in a pre-coded questionnaire. Given their wide array of exposure, using interviewers as proxy respondents, therefore, will provide useful additional insights into what the population of women (or men) interviewed think about the subjects raised in the survey.

## **Objectives**

The study had two main objectives. Firstly, to collect qualitative information that would enhance the understanding of the quantitative data already collected, by focussing on some open-ended questions that addressed women's actions and opinions. Secondly, to obtain feedback from interviewers on questions which may have posed a problem, that is, may have been embarrassing to ask or answer, or difficult to understand, that could shed more light on the quality and kind of responses obtained in the NFHS.

## **Study design**

Following the completion of the NFHS, female interviewers were invited to Kathmandu to share their experiences in the field. The study used focus group discussions, a qualitative research technique, to facilitate an exchange of experiences such as those the interviewers in the NFHS have gone through. The questions around which the discussions focussed were flexible enough to allow a broad range of views and opinions about the wider community to surface which were not otherwise captured in the NFHS.

The participants in the workshop were all female with similar educational backgrounds and somewhat similar experiences in the field. This ensured that they felt comfortable about voicing different opinions about their experiences without being intimidated by each other. The design of the focus group, however, differs somewhat from the normal format. While for the most part discussions were spontaneous, in some cases the moderator had to prompt participants who did not have an input on some questions, for their opinion. This ensured that every participant had an input on every question discussed and this allowed interviewers' opinions to be easily quantifiable. Moreover, because the number of participants involved was so small it was easy to read through each response and identify and tally similar responses. So unlike most focus group reports, in this report we are able to cite percentages of what participants thought.

The focus group discussions were held over two separate days with two groups of participants. Each group met for half a day to discuss two sets of questions. The first session addressed participants' views and opinions about specific open-ended questions that had been pre-identified. The second set of questions focussed on problems posed by the nature of specific questions in the NFHS identified by participants. Each session lasted approximately 90 minutes with an interval of 30 minutes between sessions. The organizers of the focus groups

made sure that participants from the first group did not meet and talk about the contents of the discussion with participants from the second group to avoid introducing any kind of bias in their reporting. Interestingly enough, both groups of participants sounded like they had almost identical experiences in the field.

### **Profile of participants**

The participants were female interviewers employed in the NFHS. Fieldwork for the NFHS was carried out over a period of five months, from mid-January to mid-June, beginning in the southern warmer *Terai* (plains) region and moving upwards into the cooler Hills in February and March and reaching the snow-capped Mountains in April. A larger number of interviewers were involved in the more densely populated *Terai* and Hill regions of Nepal than in the Mountain region. By the time the fieldwork ended the number of female interviewers had dwindled from 36 to about 20 due to the smaller sample size. By the end of fieldwork each interviewer (who stayed all the way through) had completed an average of 234 interviews.

Twenty-one (out of the 36) interviewers were recruited to participate in the focus group discussions. They were selected on the basis of the length of their involvement in the fieldwork—all but two had been involved in the fieldwork from the beginning to the end. This ensured that their experience in the field was still fresh in their mind. Furthermore, even though the questionnaire was administered in three local languages, only those interviewers who had conducted the interviews mostly in Nepali were selected.<sup>1</sup> Even though the interviewers were originally from various parts of the country they were residing in the Kathmandu Valley at the time of the NFHS and were therefore easy to contact, another consideration in their selection.

Eleven of the interviewers are in the age group 19-24, eight in the age group 25-29 and two in the age group 30-34. Five of them are currently married while 16 are not. All the interviewers are highly educated, having completed secondary or higher levels of education. The majority (14) reside in urban areas compared to rural areas (7). Most interviewers (14) stated their current occupation to be students. Fifteen of them are Newars (the indigenous inhabitants of the Kathmandu Valley) and all are Hindu. Appendix A gives a more detailed description of each participant.

### **Questions**

The first session centered around specific questions concerning reasons for certain behaviors. These questions are referred to as “open-ended” simply because women are free to say what they want even though interviewers ‘fit’ the response into a given list of categories. Participants were asked to discuss how most women answered these questions, what they really meant when they answered these questions, and whether they made a conscious decision about the choice of a family planning method, and the place they get family planning services from. More specifically these questions are:

- a) “What is the main reason you chose to use this (the first method of family planning) method?”
- b) “People select the place where they get family planning services for various reasons. What was the main reason you went to (name of place mentioned) instead of the other place you know about?”
- c) “What is the main reason you are not using a method of contraception to avoid pregnancy?”

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<sup>1</sup>The Women’s (Individual) Questionnaire was translated into three local languages—Nepali, Maithili and Bhojpuri. This study does not try to measure possible problems in translation which could affect the findings in this study.

- d) "What is the main reason you think you will never use a method?"
- e) "What is the main reason you stopped school?"

The second discussion was more general and centered on those questions in the NFHS that interviewers thought were difficult to ask, difficult for the respondent to understand or embarrassing for the respondent to answer. These questions were identified by the interviewers themselves from their experience in the field. For each question identified, interviewers were asked why they thought the question was difficult to ask, or difficult for the respondent to answer or understand, and whether interviewers found women's responses to be clear and accurate.

The Question Guide used in the focus group discussions is shown in Appendix B.

## Discussion

### *Open-ended questions*

One major concern among users of survey data is whether categorical responses to some open-ended questions in survey reports completely reflect the thinking behind respondents' replies. In order to enhance the qualitative aspect of the quantitative data collected in the Nepal DHS, the interviewers were first asked to discuss some of these open-ended questions. The following discussion deals with each question in detail. Note that all percentages relate to the percentage of participants in the focus groups who stated a particular opinion. In this discussion the word 'participants' reflect those who participated in the focus group session and is used interchangeably with the word 'interviewers' and the word 'respondents' refers to eligible women in the NFHS sample and is used interchangeably with the word 'women.'

#### **1. "What is the main reason you chose to use this (the first method of family planning) method?"**

This question follows a standard question on the first method of family planning ever used and is specific to Nepal. Fifty percent of the participants (interviewers) stated that this question had to be repeated as women (respondents in the NFHS) did not understand the question when it was first asked. As one interviewer put it:

"Most of the women responded 'to have less children.' Lots of probing was needed to get the right answer."

Their first response was "to have fewer children." Once this question was clarified to them, all the participants agreed that women were honest with their responses. According to participants, the most common responses from women include: "whatever method is popular" (25 percent); "method prescribed by the village health worker" (25 percent); "no choice so whatever method available" (15 percent). According to the survey data, 31 percent of respondents currently using a method were coded "permanent method" as the main reason they chose to use the method. However, feedback from the interviewers gives the impression that when women state "permanent method" they are in fact using what is promoted as such by their friends in the village or by village health workers. Interviewers also distinguished differences in the responses between educated and illiterate women and between women in the urban and rural areas. Interviewers were of the impression that educated and urban women (who are in the minority) did actually have a choice in the use of a method and did make a conscious decision to use a particular method. On the other hand, the majority of women did not have a choice and therefore did not make a conscious decision to choose a method. The distribution of the coded responses from the survey data does not seem to accurately reflect the reasoning behind most women's decision.

2. “People select the place where they get family planning services for various reasons. What was the main reason you went to (name of place mentioned) instead of the other place you know about?”

Again interviewers distinguished the difference between urban and rural respondents. While most respondents stated “closer to home” (65 percent as obtained in the survey data), interviewers felt that rural residents (the majority) had no real choice of a place and did not consciously ‘select’ a place but went to a particular place because they lacked transportation to another place (30 percent). Urban women on the other hand had a choice and made a conscious decision to go to a particular place because of the “quality of service” (30 percent). This is reflected in the NFHS data where nearly one out of two respondents stated “closer to home” as the main reason for going to a particular source. The interviewers revealed that this in fact translates into “no other choice” because either respondents lacked transportation to go to another place, or there was no other place nearby. Some interviewers observed that several village women were asking them for contraceptives which they had heard of but to which they had no access.

3. “What is the main reason you are not using a method of contraception to avoid pregnancy?”

This question is asked of women who stated that they have never used a method of family planning and women who are currently not using a method. Interviewers felt that for most women this question appeared straightforward. They did not have problems understanding it, and interviewers seldom had to repeat the question. However, the majority of participants felt that very young women who have just married, women with no children, women who were subfecund or infecund, and older women found it an awkward question to answer (80 percent). The answers were more forthcoming among women outside these groups. Most women answered this question and stated that they “want more children.” This is validated by the NFHS data where this is the most common reason for not using contraceptives (cited by 38 percent of respondents). Thirty percent of participants in the focus group said that respondents stated “that it is the wish of God and whatever God gives is fine” and “children and wealth are the desire of mankind” and “the more children the better.” In the survey data these responses were coded under “other.” Another 30 percent of respondents cited “religious objection” as a reason for not using contraception. Respondents also cited “negative side effects” for not using contraception, but interviewers got the impression that women were stating this not out of personal experience but from what they had heard in the village or from friends.

The following question was also discussed in order to understand whether interviewers as well as respondents were able to conceptualize the difference between why they were not (currently) using a method of contraception and why they will never use a method (in the future).

4. “What is the main reason that you think you will never use a method?”

Seventy percent of interviewers believed that respondents could conceptualize the difference between these two questions even though the responses to the two questions were similar. However, the question on never use revealed a strong fatalistic component to the answers that was absent from the responses to the question on current use. When women stated “want more children” to this question they actually meant something different from that. For example, some women stated that “God would give accordingly and we will have to accept willingly” in contrast to the similar response to Question 3 where they did not sound fatalistic and genuinely wanted more children.

It appears that women who stated “want more sons or daughters” were unable to conceptualize the difference between currently not using and not using in the future. Women who stated “religious objection” and “fear of side effects” believed this to be a problem in any time period and were therefore not going to change their mind. One interviewer observed that women who have recently married have not given much thought to using or not

using contraceptives and believes that their response is just made up. However, there was unanimous agreement among interviewers that the reasons cited by most women were genuine.

**5. "What is the main reason you stopped attending school?"**

Interviewers were of the opinion that this was an easy and straightforward question to ask. It did not create any awkwardness and respondents were quite willing to talk about the reasons they stopped going to school. All the participants felt that most women were regretful about dropping out of school and that their response to the question was "from the heart." The most common response was "got married" and "family needed help." Once again this is validated by the NFHS data in which most (36 percent) respondents who stopped attending school did so to get married, and "family needed help" was the second most common response (32 percent). About 20 percent of the interviewers also observed that women were genuinely interested in joining adult literacy classes "even after a hard day's work with a torch in their hands." On the other hand, about 10 percent of interviewers stated that some women felt that there was so much work to do that no matter how many children they had, they would all get absorbed in household work. Interestingly, 20 percent of the participants remarked that some women believed that even though they had dropped out of school they would send their children, and especially daughters to school. One participant observed that some residents from the *Terai* (plains) believed that educating daughters was not a good idea since they would need to find educated grooms for them and this would entail a larger dowry which they could not afford.

***Problem Questions***

The second part of the focus group session looked at problem questions that were in all but one case, identified by participants. These questions are identical to the list drawn up by the organizers because of their own experiences in the field. The purpose of this session was two-fold: first, to shed more light on coded responses by gaining some insight into what respondents actually expressed and believed; second, to facilitate possible rewording of questions in future surveys that would better elicit information from respondents. These questions appear in the order they were mentioned and are discussed in detail below.

**1. "When a child has diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?" and "When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?"**

These two questions were mentioned together by about 55 percent of interviewers who felt that making respondents understand them was a problem. Thirty-five percent of the participants said that even though this was a general question, respondents were relating the question to their own children and stating "when the children are too small they are not in a position to complain so I cannot recognize when the symptoms are severe enough to take them to a hospital." Another 35 percent of interviewers said that some women stated that because their children are grown up now they have forgotten what happened during the illness. However, participants unanimously agreed that when the question was clarified to women, they believed their answers to be accurate.

**2. "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"**

The majority of interviewers felt this to be a difficult question for respondents to understand and answer. Again they distinguished between educated urban respondents and less educated and rural respondents. The problem was basically felt to be with the latter group who could not conceptualize a time when they did not have any children. Most interviewers (60 percent) mentioned that women would cite the number of children they actually had at the moment as the number they would like to have and no amount of clarification could make them think

differently. However, women who understood the question were clear in their response and honest. Fifteen percent of interviewers stated that some women refused to give a number but said "as God wishes."

**3. "Do you think that breast-feeding can affect a woman's chance of becoming pregnant?"**

All the participants agreed that this was a difficult question for women to comprehend because they cannot draw a relationship between breast-feeding and pregnancy. Even when the question is clarified and women give a response, 40 percent of interviewers were doubtful if women really understood the question and if their response is accurate.

**4. Questions on AIDS**

The questions on AIDS in general were difficult for both interviewers to ask and for respondents to answer. Ninety percent of interviewers found these questions difficult to ask because respondents seemed annoyed by the questions. Interviewers believed that this was the case because even when women stated that they have heard of AIDS their knowledge of the disease is so limited that they were annoyed by the subsequent questions. This was especially true in the case of the two following questions:

- a) "Do you think your chances of getting AIDS are small, moderate, great, or that you have no risk at all?"**

Fifty percent of interviewers believed that women were annoyed because they solely associated the transmission of the disease with sexual contact outside of marriage and were insulted by the question. Interviewers believed that the less knowledgeable women were, the more outraged they became with the AIDS questions and particularly Question a) and the following question:

- b) "Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?"**

Sixty percent of the participants believed that women would not readily answer this question because they felt insulted and pretended that they did not understand the question. When interviewers persisted in getting an answer women would harshly say "no."

**5. "When was the last time you had sexual intercourse?"**

While 85 percent of interviewers found this question difficult for women to answer, only 15 percent found it a difficult question to ask. Twenty-five percent of the interviewers mentioned that it was initially difficult for them to ask but after several interviews they were more comfortable with the question. Most respondents were extremely shy in answering this question and interviewers had to wait a while for their responses. However, when women responded they generally tended to give an accurate response as stated by 90 percent of interviewers. Twenty-five percent of interviewers stated that educated women and women with children responded better to this question than others. Thirty percent of interviewers felt this question to be particularly difficult among the more conservative Tharu and Muslim communities.

**6. "For how many months after the birth of (NAME) did you not have sexual relations?"**

Ninety percent of interviewers believed that women understood the question but were reluctant to give a response because they were embarrassed by the question. Sixty percent of the interviewers mentioned that women seemed to feel more awkward if the gap between the birth of the child and the resumption of intercourse is short, perhaps because they feel they have violated a cultural norm.

**7. "How old were you when you first had sexual intercourse?"**

All the interviewers said that this was not a difficult question to ask but women were shy to give a response immediately. Eighty percent of interviewers mentioned that women were not always able to give an exact age and when they did it often was not consistent with the pregnancy history because the age they mentioned was after the birth of their first child. Interviewers had to clarify several times with women before obtaining a consistent response.

**8. "How old was (NAME) when he/she died?"**

Seventy percent of interviewers stated that respondents found it difficult to talk about their dead children and in some cases even refused.

**9. Section 8: Maternal Mortality**

There was unanimous agreement among interviewers that this was the most difficult section of the entire Individual Questionnaire. While interviewers had no difficulty asking the questions in this section, respondents often could not remember the details about their siblings. Twenty-five percent of interviewers stated that some women did not know how many children their mothers had, and especially details about their dead siblings. Another 25 percent of interviewers mentioned that some women get married very young and have not returned to their birthplace since marriage and therefore have no knowledge about the number of siblings their mothers subsequently had. Another 10 percent of interviewers felt that women found it particularly difficult to give details about siblings who were born and died before their own birth. All interviewers were in agreement that most of the information relating to age and dates was not directly given by respondents but estimated through several additional questions.

Finally, interviewers were asked about their experience with asking the following two questions:

**10. "In what month and year were you born?" and "How old were you at your last birthday?"**

All interviewers agreed that the two questions on age were some of the most difficult questions on which to get a response from women. This is because women, and especially those in the rural villages, poorly educated women, women in the Tharu and Muslim communities, were unable to understand the concept of age in terms of month and year of birth. Ninety percent of interviewers felt that obtaining the age from citizenship certificates was not reliable because the age information is often made up. Another 10 percent of interviewers stated that they obtained the age of women from family planning cards. About 20 percent of interviewers stated that age information was easier to obtain from the Brahmins and Chettris, who are generally more educated. For children, the birth registration certificates helped, but these were more often not available (10 percent). In some places, immunization cards had birth dates for children but again there were very few children who had cards (10 percent).

Eighty percent of interviewers agreed that women usually report their age in completed years. Women were also generally more aware of the month of birth and not the year of birth or age. Women also had the tendency to round off their ages in digits ending in zero and five. Interviewers were in general agreement that most of the time they had to estimate the ages of women, but they did so by taking into consideration the age at marriage, age at birth of the first child, age of the eldest child and age at first menstruation.

## **Conclusions**

The focus group sessions proved useful for a number of reasons. First, they clarified the thinking behind some open-ended questions, which otherwise is not reflected in the coded responses. Second, they validated some of the results obtained in the NFHS. Third, they gave some indication about the quality of the data collected. Fourth, the sessions proved useful in identifying questions that were difficult to ask and difficult for respondents to understand or embarrassing for both interviewers and respondents. This knowledge will help during discussions to modify and improve the DHS model questionnaires in the future.

## Appendix A

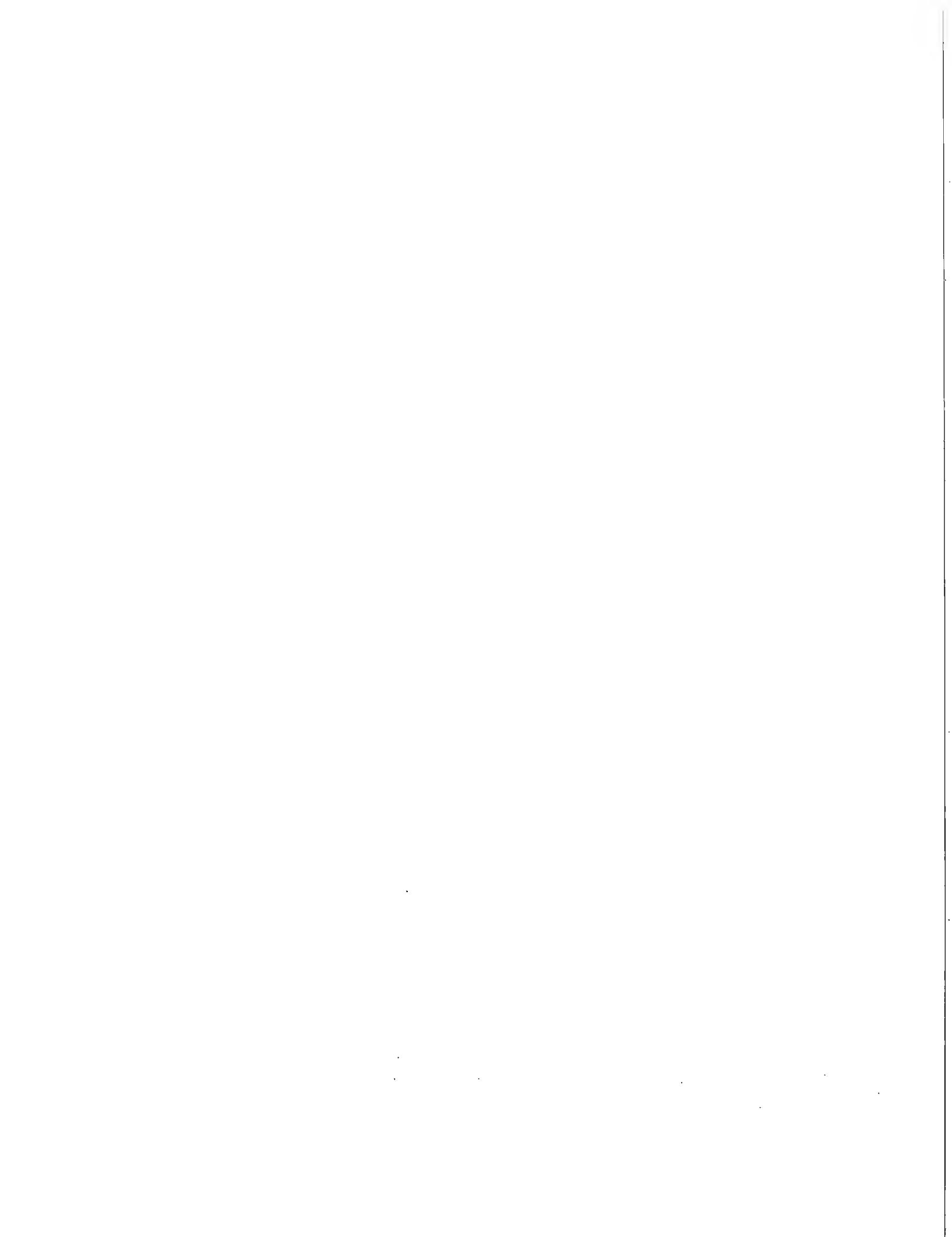
### Informed Respondent Approach to Data Collection Profile of Participants

#### Focus Group 1

No.	Age	Married	No. of children	Age of youngest child	Education	Place of Residence	Type of residence	Occupation	Caste	Religion
1	25	No	-	-	B.A.	Kirtipur	Rural	Student	Newar	Hindu
2	27	Yes	-	-	M.A.	New Baneswar	Urban	Student	Brahmin	Hindu
3	24	No	-	-	S.L.C.	Bhotebahal	Urban	Student	Newar	Hindu
4	25	No	-	-	B.A.	Kirtipur	Rural	Student	Newar	Hindu
5	34	Yes	1	5	B.A.	Chabahil	Urban	Housewife	Brahmin	Hindu
6	29	No	-	-	B.A.	Birgunj	Urban	Student	Newar	Hindu
7	26	No	-	-	B.A.	Kirtipur	Rural	Student	Brahmin	Hindu
8	19	No	-	-	S.L.C.	Kalimati	Urban	Student	Newar	Hindu
9	23	No	-	-	I.A.	Naikap	Rural	Student	Newar	Hindu
10	25	No	-	-	B.A.	Kirtipur	Urban	Student	Newar	Hindu

#### Focus Group 2

1	21	Yes	-	-	S.L.C.	Baluwatar	Urban	Fieldwkr	Newar	Hindu
2	23	No	-	-	S.L.C.	Dillibazar	Urban	Teacher	Tharu	Hindu
3	21	No	-	-	I.A.	Balaju	Urban	Student	Newar	Hindu
4	21	No	-	-	I.A.	Bhaktapur	Rural	Student	Gurung	Hindu
5	20	No	-	-	S.L.C.	Kalimati	Urban	Student	Newar	Hindu
6	27	Yes	3	2	I.A.	Kuleswar	Urban	-	Newar	Hindu
7	24	No	-	-	I.A.	Tahachal	Urban	-	Newar	Hindu
8	22	No	-	-	S.L.C.	Maharajgunj	Urban	Student	Newar	Hindu
9	32	Yes	2	11	B.A.	Baneswar	Urban	Service	Brahmin	Hindu
10	24	No	-	-	I.Com.	Panauti	Rural	-	Newar	Hindu
11	24	No	-	-	S.L.C.	Panauti	Rural	-	Newar	Hindu



## Appendix B

### Informed Respondent Approach to Data Collection Nepal Family Health Survey, 1996

#### Question Guide

##### *Introduction*

Welcome to our discussion. I would like to take this opportunity to thank you all on behalf of New ERA for the excellent work you have done in the NFHS. I would also like to thank you all for agreeing to participate in this discussion. Before we begin I want to assure you that this exercise is in no way designed to assess the quality of your work.

In the course of your interviews you have been exposed to many respondents all over the country and from all walks of life. We would like you to share your experiences with us about what women thought when they answered some of the questions in the NFHS, and what problems you may have faced with some specific questions. This will help us clarify some of the results of the survey and improve the design of the questionnaire for future surveys. Please feel free to give us your opinion about what most of the women you interviewed think and do not be afraid to disagree with your colleagues. This is an informal discussion among friends and we are interested in what each and everyone one of you have to say. Make your comments as brief as possible and to the point, so that everyone has a chance to share her experiences.

Although my colleague will write down what is discussed, we would also like to record the discussion with a tape recorder, with your permission, to get all that is said. What you say will be confidential and no one outside of this group will know what each person in particular said. In order to ensure that the recording is clear, we would like you to speak one at a time.

##### *Topic one: Respondents' actions and opinions about specific open-ended questions*

The NFHS had various ways of asking women questions about themselves and their family. One type of question that was asked was open-ended, that is, women were free to answer the question in their own words. We would like to begin this session by discussing your experiences about what respondents meant when they answered some of these questions.

A. "What is the main reason you chose to use this (the first method of family planning) method?"

How did most women answer this question?

*Probe:* Do you think women made a conscious decision to use a particular method for the specific reason they stated?

B. "People select the place where they get family planning services for various reasons. What was the main reason you went to (name of place mentioned) instead of the other place you know about?"

How did most women answer this question?

*Probe:* Did women actually have a reason for choosing a place? Did they have a choice?

C. "What is the main reason you are not using a method of contraception to avoid pregnancy?"

This question is asked of women who stated that they have never used a method of family planning and women who are currently not using a method.

How did most women answer this question?

*Probe:* Were they reluctant to answer this question? Did you have to wait sometime for a response?

D. "What is the main reason you think you will never use a method?"

This question was asked of women who stated that they will not or did not know if they will use a method of family planning at any time in the future.

How did most women answer this question?

*Probe:* Do you think women were able to differentiate the reasons for currently not using (E above) and not using in the future? When women answered "want more children" what do you think they meant?

E. "What is the main reason you stopped attending school?"

How did most women answer this question?

*Probe:* Do you think they meant what they said? If given a choice, do you think they would have finished with their schooling? Did they sound regretful that they couldn't finish school?

#### ***Topic two: Problem questions***

Let us now talk about those questions in the NFHS that you think were difficult for you to ask, difficult for the respondent to understand or embarrassing for the respondent to answer. What questions did you have problems with. For each question mentioned:

*Probe:* Was this question difficult for you to ask? If yes, why?

Was this question difficult for the respondent to answer? If yes, why?

Did respondents have difficulty understanding the question?

Do you think women's responses were clear, accurate?

If the following questions were not mentioned probe as in above about them:

- A. "Do you think breastfeeding can affect a woman's chance of becoming pregnant?"
- B. "At the time you became pregnant with (NAME), how much longer would you like to have waited?"
- C. "If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"

- D. "Do you think your chances of getting AIDS are small, moderate, great, or that you have no risk at all?"
- E. "Has your knowledge of AIDS influenced or changed your decision about having sex or your sexual behavior?"
- F. "Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse?"

Also ask interviewers the following questions pertaining to age information if they did not mention it in the above discussion:

How did women respond to the question on age reporting for themselves? For their children? Did the respondent's report their age in month and year well? Or did you have to convert what they reported into month and year. Did women have a tendency to round their child's age? Did they round it up or down? How often did you resort to estimating an age for the respondent? For her children? Was this a problem generally? If not, where (urban/rural, ecological region, development zone) was it mostly a problem? Did respondents have identification cards or immunization cards or other certificates which you could use to obtain women's age or their children's? Did the immunization cards give dates of birth for children? If so did you use them to obtain dates for the birth history section?

## Demographic and Health Surveys Working Papers Series

- 1 Bicego, George T. and J. Ties Boerma. *Maternal Education, Use of Health Services, and Child Survival: An Analysis of Data from the Bolivia DHS Survey*, December 1990.
- 2 Pullum, Thomas W. *The Relationship of Service Availability to Contraceptive Use in Rural Guatemala*, October 1991.
- 3 Chayovan, Napaporn and John Knodel. *Age and Birth Data Reporting in Thailand: Evidence from the 1987 Demographic and Health Survey*, August 1993.
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